AD_____

Award Number: DAMD17-01-1-0674

TITLE: A Randomized Clinical Trial of Cognitive-Behavioral Treatment for PTSD in Women

PRINCIPAL INVESTIGATOR: LTC Charles Engel, M.D.
Vivian Sheliga

CONTRACTING ORGANIZATION: Henry M. Jackson Foundation for the Advancement of Military Medicine
Rockville, Maryland 20862-1428

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PREPARED FOR: U.S. Army Medical Research and Materiel Command
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LTC Charles Engel, M.D.
Vivian Sheliga

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
Henry M. Jackson Foundation for the Advancement of Military Medicine
Rockville, Maryland 20862-1428
E*Mail: charles.engel@na.amedd.army.mil

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13. ABSTRACT ***(Maximum 200 Words)***

The study is a randomized clinical trial comparing two types of individual psychotherapy for treating PTSD in 384 female veterans and active duty personnel at 12 sites. The treatments are a trauma-focused approach, Prolonged Exposure, and an approach focused on current needs and problems in Present Centered Therapy. Each site will enroll 32 patients – a rate of 1.33 per month over the 24 months of active recruitment in the study. The hypothesis is that Prolonged Exposure will be more effective than Present-Centered Therapy for the treatment of PTSD in female veterans and active duty personnel. The study has just begun its pilot/training phase. No results or conclusions have been made yet.

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breast cancer, estrogen receptor, selective estrogen receptor modulators (SERMs), structure/function, drug design

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INTRODUCTION

The study is a randomized clinical trial comparing two types of individual psychotherapy for treating PTSD in 384 female veterans and active duty personnel at 12 sites. The treatments are a trauma-focused approach, Prolonged Exposure, and an approach focused on current needs and problems, Present Centered Therapy. Each site will enroll 32 patients- a rate of 1.33 per month over the 24 months of active recruitment in the study. The objective of the study is to evaluate the efficacy of prolonged exposure therapy for treating PTSD and associated problems in active duty and veteran women. The work will significantly expand knowledge about the treatment of PTSD in military women. The methodology for the study is summarized as follows: All participants, including self-referrals, will enter the study through referrals by mental health clinicians. Following informed consent, participants will be screened for inclusion and exclusion criteria. If they meet these criteria and agree to participate, they will be randomly assigned to one of the two treatments, which will occur weekly for 10 weeks. Subjects will be assessed before treatment, immediately following treatment, and 3 and 6 months after the end of treatment.

- (Initial entry into Mental Health program for self-referrals)
- Screening phase 1: Referral source questioned regarding inclusion and exclusion criteria
- Screening phase 2: First meeting with potential subject to gather information about demographic background, explain the study protocol, and ascertain willingness to enter the study
- Screening phase 3: Subject gives informed consent and its interviewed to establish inclusion and exclusion diagnoses; baseline assessment performed if subject is eligible and agrees to participate
- Randomization assigned
- Scheduling of initial session with therapist
- Treatment begins
- Treatment ends
- Post-treatment assessment
- Interim assessment (3 months)
- Final assessment (6 months)

*Enrollment will take approximately 3 weeks

Body

There have been no study findings, yet, as the research has just begun. There have been a few amendments/modifications to the recruitment material. These modifications can be found in Appendix 1 of this report. This is the study's first annual review. The study's total enrollment, since it's approval date is three. There is currently one patient enrolled in the study. Our second patient completed all study requirements 10/28/02. The third patient was withdrawn from the study due to a serious adverse event. Details of this event, the patient's withdrawal, and reports written for DCI can be found in Appendix 2 of this report. There have been no other adverse events at Walter Reed. Below is an account of information relating to the entire multi-center study, and includes data from all sites. There have been 4 severe adverse event study-wide. A brief synopsis of these events is provided below:

1. Walter Reed Army Medical Center, site 201, patient was hospitalized for intense anger, anxiety, and violent thinking. Symptoms seemed to be a result of intense work issues relating to her angry outbursts or flashbacks at work related to PTSD. The patient was admitted to the hospital 7/15/02, and discharged on 7/26/02.

2. Portland, site 648, patient spend 4 hours in the ER for suicidal ideation.

3. Portland, site 648, patient was hospitalized for dissociation and the patient was released 4/12/02.
4. Dallas, site 549, patient attempted suicide and was hospitalized after having an argument between her father and her fianc'ee.

Patients that have withdrawn from the entire study, (all sites). 32 patients have withdrawn from the study. The reasons for withdrawal breakdown as follows:
4 logistics, childcare
1 suicidal, homicidal ideation
3 disliked treatment
21 had other reasons
1 was lost to follow up

The number of subjects enrolled to date at WRAMC is ____1__. The total number enrolled study-wide is ____93.

Walter Reed site has faced several challenges since the start of the study, which have effected recruitment efforts. The first challenge has been multiple reports to four investigation review boards, including WRAMC, Ft. Deterick, Bethesda Navy Medical Center, and USUHS. In January of 2002, Bethesda Navy Medical Center was dropped as an additional site, thus we are currently responsible to three investigational review boards. Secondly, the Walter Reed site has had a high rate of staff turnover. Since the start of the study we have replaced and/or lost, three research therapist, one site investigator, and one study coordinator. Staff members have left the study due to illness, career advancement, and deployment to Afghanistan. Lastly, our site is the only Department of Defense site in the study. The study was originally designed for VA hospitals. We have found that the Department of Defense has more stringent rules about conducting research and is concerned with potential harm to the patients. Some of the regulations that are assigned study-wide by the VA, are not appropriate in the DOD. Therefore we have tried to find ways to modify the VA regulations to fit DOD requirements without disturbing the study protocol.

Despite our challenges we have adopted a team philosophy and a commitment to the research study and the patients participating in the study. Our team philosophy includes the following: 1) Treating each study patient with respect and dignity 2) Engendering a process of care and trust throughout the research process 3) Anticipating the patient's needs during and after the study 4) Ensuring that women who do not qualify get referred to the appropriate treatment 5) Safeguarding patients privacy and confidentiality 6) Reassuring patients that they can terminate from the study at any time 7) Applauding patients for their willingness to be a research participant to help men and women with PTSD 8) Using caution when making clinical decisions.

KEY RESEARCH ACCOMPLISHMENTS

The Walter Reed site has overcome many challenges in it's first year. Accomplishments include:

- IRB approval at the Walter Reed Department of Clinical Investigations
- IRB approval at the Fort Deterick HSSRB
- IRB approval at the USUHS IRB
- Preliminary approval at the National Naval Medicine Center

- Comprehensive metropolitan DCA area recruitment plan to include: newspaper ad, radio ad, radio ad, provider and patient pamphlets, provider and patient overhead presentations, posters, fax sheets
- Paula Schnurr, Ph.D., Dartmouth University Integrating Empirical Evidence into Clinical Practice
- PTSD Clinical Trial Booth at the Walter Reed Health Fair, June, 2002 and the First Annual Conference on Post Deployment Health Care on Clinical Risk Communication and Terrorism: New Strategies for Clinical Care from September8-September 11, 2002
- 6 presentation to clinical providers at Walter Reed Army Medical center after the study's approval date which was in June 2002
- Successful onsite visit with Paul Schnurr and Veronica Thurston reviewing the study progress in September, 2002
- Recruitment and training of 3 new therapists in 2002 due to 3 therapists leaving
- Implementing new intake/assessment process for a new PTSD inquiries
- Ensuring that all people calling the PTSD research line when required are referred to appropriate resources and when necessary, emergency services

REPORTABLE OUTCOMES

There are no reportable outcomes at this time

CONCLUSIONS

No conclusions are available at this time.

APPENDIX 1

Recruitment and Advertising Modifications

DATE: 26 August, 2002

MEMORANDUM FOR CHIEF, RESEARCH REVIEW SERVICE
DEPT OF CLINICAL INVESTIGATION, WRAMC

1. SUBJECT: Request for Change in **Recruitment Materials**
   a. Work Unit; # **WU02-89003**
   b. Protocol Title: **"A Randomized Clinical Trial of Cognitive-Behavioral Treatment for PTSD in Women."**
   c. Principal Investigator: **LTC Charles Engel, MD, MPH**
   d. Title: **Chief, DHCC**
   e. Department: **Deployment Health Clinical Center**
   f. Service: **N/A**

   Phone Number: **202-782-8064**
   Fax Number: **202-782-3539**

2. THE PROGRESS IN APPROVED EXPERIMENTS, TO INCLUDE PAST PRODUCTIVITY:

   Pilot study is in beginning phase. Only one participant is the in study at present. The participant is in early sessions of training phase, therefore no Annual Progress Report is required at this time. All rationale for changes to recruitment materials are listed in #3.

3. EXPLANATION OF THE PLANNED EXPERIMENTS TO BE UNDERTAKEN OR MODIFICATIONS OF THE STUDY:

   No modifications to protocol in the study. Only minor changes to recruitment materials.

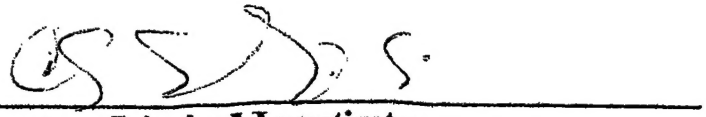
   All materials have a personnel change from Lolita Davenport and her Outlook email address to Renee Clauselle, Psy.D. and her Outlook email address.

   All materials incorporate a change of the term "Tricare Beneficiary" to "DOD Healthcare Beneficiary" because it clarifies to potential participants that the criteria for inclusion into the research study would be eligibility for health care at any military treatment facility. The term "Tricare Beneficiary" may imply to some that one is either on active duty or a spouse of an active duty soldier who may not have served in the military. The later is ineligible for the research study.

   The word "veteran" is deleted as this indicates someone who is active duty and is a "veteran" of a past war, thus the term "veteran" is redundant with "active duty." Also, a veteran is someone who is discharged with 6+ years of service and under the sole care of the VA. They are not eligible to be in this research study unless they are the beneficiary of a spouse who is a DOD healthcare recipient.

paragraph 2 above; and 2) a copy of most recent approved consent form if the subject accrual is ongoing. **Copies of current approved consent forms are attached. These are practice assessment and training case consent forms currently used.**

2. For Animal Use Study – A copy of the Animal Use and Care Committee's approval for this addendum.



Signature, Principal Investigator
LTC Charles Engel, MD, MPH

APPENDIX 2

Serious Adverse Event reports

MCMR-RCQ
SUBJECT: HSRRB Policy Memorandum 02-01, Reporting to the HSRRB Unanticipated Problems Involving Risks to Subjects or Others

APPENDIX B
Report of Unanticipated Problem Involving Risks to Subjects or Others

Human Subjects Research Review Board (HSRRB)
MCMR-RCQ ♦ 504 Scott Street ♦ Fort Detrick, MD 21702-5012
301-619-2165/ DSN 343-2165/ Fax 301-619-7803

For any section in which additional space is needed, complete on plain bond paper.

Report Type (Circle One): (Initial) Follow-up Medical Monitor

HSRRB Log No: A- **10521**

Study Title: **"A Randomized Clinical Trial of Cognitive Behavioral Treatment for PTSD In Women."**

Name of Principal Investigator: **Dr. Charles Engel, Jr.**

Study Drug/Device, Including IND/IDE Number (if applicable): **N/A**

Reporting Individual (Print name, title/position, and phone number.):
Dr. Vivian I. P. Sheliga, DSW, BCD, LCSW
Director of Training, Deployment Health Clinical Center,
Walter Reed Army Medical Center.
Phone #202-782-0916

Total Study Enrollment to Date: **2** # Subjects/Participants **0** # Withdrawals

0 # Deaths

Subject Data: Subject ID **5005** Age **30** Gender **Female**

Study Group/Arm **Intervention-Prolonged Exposure**
Enrollment Site **Walter Reed Army Medical Center**

Unanticipated Problem Description (Include admission/discharge dates, event resolution if known, and subject status. Attach supporting documents, such as discharge summaries and lab reports. Remove personal identifiers on all supporting documents.):

(See Memo to Chief, Research Review Service, Department of Clinical Investigation)

MCMR-RCQ
SUBJECT: HSRRB Policy Memorandum 02-01, Reporting to the HSRRB Unanticipated Problems Involving Risks to Subjects or Others

APPENDIX B
Report of Unanticipated Problem Involving Risks to Subjects or Others

Seriousness (check all that apply):	Relationship to drug/device/intervention
☐ Fatal	X Not Related ☐ Not Applicable
☐ Life Threatening	☐ Possibly ☐ Probably
☐ Disability	☐ Definitely Related
X Hospitalization (initial or prolonged)	☐ Unclassifiable
☐ Other (specify)	

Pertinent Medical History, Including Medication Use:

(See medical monitor report for medical history)
Medical History per chcs: 7/15/02:
7/2/02 – Zoloft/30 tablets/50 mg./1X/day
6/27/02 – Zoloft/30 tablets/and one refill
6/25/02 – One shot of Medroxy-Progesterone/150 mg(?)
6/25/02 – Tyloneol/2 tablets/prn
6/25/02 – Paxil/20 mg.
6/25/02 – Sumatriptan/25 mg
4/02 – Diazapan/30 tablets

Actions Taken or Anticipated Actions in Response to this Unanticipated Problem :

Research therapist is to see patient and keep the option open that once the patient is stabilized, she will be re-assessed for potential eligibility for the research study. However, at this time, she will be withdrawn from the study.

Unanticipated Problem Reported to IRB of Record (Circle One): (YES) NO N/A

Date Reported to IRB of record: **July 15, 2002**

Evaluation of the IRB of record: **Pending**

MCMR-RCQ
SUBJECT: HSRRB Policy Memorandum 02-01, Reporting to the HSRRB Unanticipated Problems Involving Risks to Subjects or Others

APPENDIX B
Report of Unanticipated Problem Involving Risks to Subjects or Others

Other Unanticipated Problems and Adverse Events Reported for this Study:

All are cited in the original protocol.

For Medical Monitor Reports Only - Assessment of Report from the PI (Comment on concurrence/non-concurrence with PI's report of diagnosis, treatment, and relationship of the unanticipated problem to the subject's participation in the study.):

(See Attached Medical Monitor Report)

Charles J. Engel, Jr., MD, MPH
Principal Investigator

7-17-02
July 17, 2002

Attachments:
1. Medical Monitor Report
2. Memo to Chief, Research Review Service, Dept. of Clinical Investigation, WRAMC

Thomas R. Roesel, M.D., Ph.D.
Director, Clinical Evaluation Program
Deployment Health Clinical Center
Walter Reed Army Medical Center
6900 Georgia Ave., N.W.
Washington, D.C., 20307-5001

July 17, 2002

Human Subjects Research Review Board
MCMR-RCQ
504 Scott St.
Ft. Detrick, MD 21702-5012

Re: Adverse Event Report for Subject 5005 as Participant in "A Randomized Clinical Trial of Cognitive Behavioral Treatment for PTSD in Women."

Ladies and Gentlemen:

This letter serves as a supporting document for the above adverse event reported to the HSRRB as my duties as the medical monitor for this study.

After review of CHCS data and in speaking with Dr. Christie Mitchell, the physician in charge of the patient in Ward 54 of Walter Reed Medical Center, the reasons for hospitalization appear to be related to her work situation. The patient is not suicidal. Her medications remain unchanged as an inpatient and include sertraline (Zoloft) 50 mg by mouth each day, and acetaminophen (Tylenol) 500 mg and sumatriptan (Imitrex) 25 mg, as needed for pain and migraine headaches. She had been taking these as an outpatient prior to hospitalization. She had recently undergone a change from paroxetine (Paxil) 20 mg per day two weeks prior to hospitalization, and at approximately the same time received an intramuscular shot of medroxyprogesterone (DepoProvera). Dr. Mitchell and myself concur that the hospitalization was a preventive measure to de-fuse a work-related situation, and not a result of her participation in the above mentioned study.

Sincerely,

Thomas R. Roesel, M.D., Ph.D.
Board Certified in Internal Medicine

MCHL-MI

17 July 2002

MEMORANDUM FOR CHIEF, RESEARCH REVIEW SERVICE, DEPT OF CLINICAL INVESTIGATION, WRAMC

SUBJECT: Report of Adverse Event

1. **WORK UNIT #:** 02-89003

TITLE: A Randomized Clinical Trial of Cognitive-Behavioral Treatment For Post-Traumatic Stress Disorder in Women: VA-DOD Cooperative Study No. 494

PRINCIPAL INVESTIGATOR:	LTC Charles Engel, MD,
DEPARTMENT/SERVICE:	Deployment Health Clinical Center
TELEPHONE NUMBER:	(202) 782-8064
FAX NUMBER:	(202) 782-3539

2. **SUMMARY OF ADVERSE EVENT:**

The patient began the Prolonged Exposure treatment for Post Traumatic Stress Syndrome, as a part of the CSP 494 Research study, on 7/1/02. Prior to this date the patient underwent informed consent on 6/24/02. At time of informed consent, patient seemed to understand the benefits and risks of the study and consented to participating in Prolonged Exposure treatment. (See her Expectancy of Therapeutic Outcome Questionnaire Form).

After patient's first therapy session on 7/1/02, the therapist reported that the patient appeared to want to continue in the study. The patient was scheduled for a second appointment on 7/8/02. On the morning of 7/8/02, the patient called her therapist and said that she had made a doctor's appointment for her son and would not be able to make her therapy session. At this time, the therapist and patient tried to find another time that they could meet, so that the patient would not miss a therapy session that week. Unfortunately, there was not an available time that fit both of their schedules, so they planned to meet the following Monday at 7/15/02.

On 7/12/02, the patient called her therapist, her case manager, and the study coordinator stating that she was upset because she was being forced to go to work. In conversations with her therapist and the study coordinator the patient stated that she did not feel that she was ready to go to work. The patient stated that she frequently has angry outbursts and flashbacks and was afraid that she might be reprimanded if these symptoms emerged at work. Attempts were made by the therapist and study coordinator, to redirect her to work with her case manager and treatment team regarding the work issue. The patient stated to the case manager, the research therapist, the study coordinator and to the Site Investigator that she felt she needed to be hospitalized due to the unmanageable pressure she was feeling ref: returning to work. She said she was wanting to be hospitalized "as a preventive measure" and that she did not want to do anything that would result in her going to jail."

Since the patient's concerns and anxiety and anger were related to her work situation and not to the one session in Prolonged exposure, the research team in conjunction with the case manager, concurred that the case manager would coordinate the care with the patient's treatment team. Around 3:30 p.m. on Friday, June 12th, after the patient had made multiple contacts, the Site Investigator and Case Manager met to discuss the case. The psychiatrist called the patient after that meeting and told her that she would see the patient on Monday morning and that she did not feel she needed to be hospitalized.

The patient called the case manager on Saturday and the case manager received the call on Sunday, and talked to the patient on Sunday and discussed two options: going to the ER at DeWitt Army Hospital, or waiting until Monday and going to work and going to her Prolonged Exposure appointment. The case manager was going to drive her to both. The case manager called the Site Investigator on Monday, July 15th, and told her that the patient had been admitted to Walter Reed Army Medical Center where she remains.

3. **RISK: Is the risk of this event described in the consent form? YES X**

4. **CONCLUSION:**

It does not appear that the patient's adverse event was related to the study. Both the patient's case manager and therapist believe that the patient's reactions and eventual hospitalization was directly related to pressure from her job. In addition, the inpatient psychiatrist told the medical monitor that she thought the hospitalization was a result of the patient's issues regarding returning to work.

Encl.

- Medical Monitor Report
- Research Logs
- Expectancy of Therapeutic Outcome Questionnaire

Charles J. Engle, Jr., M.D., MPH
PRINCIPAL INVESTIGATOR
07-17-02

CF: Medical Monitor: A COPY OF THIS MEMO MUST BE FORWARDED TO THE MEDICAL MONITOR FOR THE PROTOCOL.

Walter Reed Army Medical Center
CSP Study PTSD Research Patient Notes

7/12/02
08:00 Came in and received a call from patient who called on Thursday saying she was "upset" and wanted to talk with me. Called her back around 8:00 am Friday morning. She related that there was a "big" meeting at her job and they wanted her to return to work. She was told that if someone asked her to do something, and she did not respond, or if she had an angry outburst she would be reprimanded. The patient stated that at times, she was experiencing a flashback and would not respond. She felt that they knew this was a symptom, but yet they were going to take Administrative actions against her which upset her. She did not want to put herself in that situation and was asking if she could be Hospitalized. I told her that I needed to consult with her therapist And the Site Investigator and get back with her.

08:15 am Called her therapist and her therapist knew the situation and had also been called by the patient. Therapist told patient that she did not think she could be hospitalized as she did not think she was suicidal or homicidal.

08:30 a.m. Consulted in person with the case manager who had referred the Case. Case manager felt that the patient wanted to be hospitalized so she would not have to return to work. Case manager was going to a case manager meeting to discuss the case with the other case managers.

09:30 am Consulted with Site Investigator. The plan was to have case manager coordinate with key treatment team which included the patient's psychiatrist, and psychologist because the patient's anxiety and anger and desire for hospitalization was due not to the one session of prolonged exposure but to a continuing issue of
the person's return to work. The case manager had worked with the client for approximately two months and her treatment team.

12:00 p.m. When I returned to my office, I received a voicemail from the patient and she was crying. She said that her job supervisor came to her house and gave her a "failure to show" to work notice. She was very upset, having a difficult time breathing. She started to say that she does not know what she is going to do, and she was afraid that she might hurt someone. She was trying to stay calm. Her almost one year old baby's cries were in the background. I tried to reassure her and calm her down. I told her that her case manager Had just come in and was going to talk with her about the situation.

12:10 p.m. The case manager called the patient and tried to encourage her to return to work. The case manager who had been in touch with her work site said that the people were really trying to assist her in coming back to work. The case manager related to me that the patient got very angry, and hung up on her.

12:20 p.m. The patient called me again and told me that the case manager was against her and wanted me to help her. She was crying.
I tried to reassure her and I told her I was going to consult with The Site Investigator.

1:30 p.m. I went to the Site Investigator's office. We discussed the situation. The Site Investigator called to see if the case manager could Come to see her and was at lunch.

2:15 In the midst of the discussion, the patient called. She could not Calm down and was saying that she needed to go to a hospital and was at a loss of what to do. I asked the Site Investigator to talk with her 2:15. The Site Investigator talked with her and in the middle of the call, Her psychiatrist called and the Site Investigator said she was. Hanging up and asked her to work with her psychiatrist. The Site Investigator called the care manager to discuss with her What had occurred on the phone with the patient.

3:00 The Site Investigator told me she was going to meet with the Care manager and wanted the care manager to continue to manage the case and keep the research team informed of What the plan is.

July 15, 2002 10:00 Received a voicemail from the case manager that the patient had gone to Potomac Ridge Hospital but was hospitalized on the inpatient psychiatric unit at Walter Reed.

10:30 Met with Site Investigator and assessment technician ref: plan to complete all required documentation to report the hospitalization to Walter Reed's Human Use Committee, Fort Detrick and the VA. The Site Investigator said she Wanted to make all the immediate phone calls to the Appropriate agencies and asked me to begin typing the Report needed for DCI.

Renee Clauselle, Psy.D.
Study Coordinator
July 17, 2002

Co-signed by Site Investigator

Vivian I. P. Sheliga, DSW, BCD, LCSW
Site Investigator
July 17th, 2002

PTSD Study Patient Log

12 July 2002 Received a call from the Study Coordinator that she needed to come over and see me ref: a patient who was experiencing problems. She said that the patient was crying over an incident where her supervisior came to her house and said that she needed to come to work or their would be some type of an adverse reaction. Study coordinator said the patient had been seen one time in Prolonged Exposure Therapy on July 1, missed her second appt. due to a medical appt. with her child, and had another appt. scheduled for Monday July 15. I called the therapist who said that she felt it was not from the therapy But from the fact the patient did not return to her job.

Told Study coordinator that the case manager, who referred the case and Knew the patient much better needed to coordinate the care with the Patient's treatment team, a psychiatrist and psychologist at Fort Belvoir.

12 July 2002 Study coordinator came back and said the patient had hung up on the case manager and called her back very upset, saying she needed to be hospitalized before she did something she regretted. Study coordinator said she needed to consult with me, and would call her back. Discussed the case, with the study coordinator, and tried to locate Case manager who was at lunch. Patient called back, even more upset. Study coordinator asked me to talk with the patient.

Patient sounded very angry and said she was angry. She told me that "I need to be hospitalized as a preventive measure, so I do not do something that will land me in jail." She said she had called her mom and she wanted her mom to drive her to a civilian hospital because she did not trust anyone in the Army. I told her that everyone, including me was concerned about her and we wanted to make sure she got the care she needed and that it was important for her to work with her treatment team. She said that she wanted to go to the civilian hospital. While talking with her, she said that her doctor was on the phone. I told her that I was going to hang up and allow her to talk with her doctor.

At 3:30 p.m., the case manager came in and we talked about what occurred on The phone. She told me that she would contact the psychiatrist and was Coordinating the care for the patient. I told her that we were encouraging The patient to work with her and her treatment team, but that the patient was feeling very alienated from the team at this point. The care manager said she did an assessment for suicide and homicide and talked with the patient and said she could go to Ft. Belvoir to be seen or the ER.

July 15, 2002 Around 10:30, I received a voicemail that the patient was in the inpatient Unit at Walter Reed. I reviewed the protocol for reporting adverse events And called the VA in Palo Alto, the VA in White River Junction, Ft. Detrick And DCI and told them about the event and began working on the Written documentation.

Vivian I. P. Sheliga, DSW, BCD, LCSW
Site Investigator
July 17, 2002

DataFax #002 Plate #341 Visit #201

EXPECTANCY OF THERAPEUTIC OUTCOME QUESTIONNAIRE

Form 34T, (page 1 of 1) CS #494 PTSD in Women

Patient ID: 201 (Hospital) 5005 (Screening Number) Patient Birthday: 08 (Month) 08 (Day) Visit Date: 07 (Month) / 01 (Day) / 2002 (Year)

INSTRUCTIONS: Patient completes this form at Session 1 (visit 201).

DIRECTIONS: *Please mark the box to the right for each question which best represents your feeling about the treatment program.*

	0 Not at all	1	2 Very little	3	4 Somewhat	5	6 Moderately	7	8 Extremely
1. How logical does this type of treatment seem to you?	☐	☐	☐	☐	☐	☐	☐	☐	☒
2. How successful do you think that this treatment will be in reducing your trauma-related symptoms?	☐	☐	☐	☐	☐	☐	☐	☐	☒
3. How successful do you think that this treatment will be in reducing other personal problems?	☐	☐	☐	☐	☐	☐	☐	☐	☒
4. How confident would you be in recommending this treatment to a friend with similar problems?	☐	☐	☐	☐	☐	☐	☐	☐	☒

Fax this form to Palo-Alto CSPCC DataFax number.

Staff Initials: RLC

DEPARTMENT OF THE ARMY
WALTER REED ARMY MEDICAL CENTER
WASHINGTON, DC 20307-5001

REPLY TO
ATTENTION OF:

MCHL-MI

26 July 2002

MEMORANDUM TO: Commanding General, U. S. Army Medical Research and Medical Command

Attn: MCMR-RCQ-HR (Dr. Pranulis)

SUBJECT: Adverse Event Report for the Protocol Entitled, "A Randomized Clinical Trial of Cognitive Behavioral Treatment for Post Traumatic Stress Disorder in Women." Submitted by LTC Charles Engel, MD, MPH, Walter Reed Army Medical Center, Proposal #00239073, Award #DAMD17-01-1-0674, HSRRB Log #A-10521

Here are the responses to your questions about the hospitalized patient in the study cited above:

1a. Copy of the Patient's Hospital Admitting Note w/o identifying info: Following is based on conversation by the medical monitor, Dr. Roesel with the attending physician, COL Thomas Burke.

Admitting diagnosis: Post-Traumatic Stress Disorder
Discharge diagnosis: Axis I: Post-Traumatic Stress Disorder; Axis II: Histrionic Personality
Disposition: Back to unit with profile, with follow-up through out-patient Psychiatry at Walter Reed.

1b. Copy of the Patient's discharge summary (Unavailable as she is being discharged July 25, 2002; doctor has not dictated it yet and it may be 1 or more weeks).

1c. A copy of the Evaluation Report from the Walter Reed Army Medical Center DCI-HURC (This is not received yet. Called DCI and the SAE will be presented at the HUC on August 16th. A draft report will be done approximately one week after and the final within two weeks.

2. Plans for Follow-up: Patient is to be discharged today. Case Manager is coordinating treatment plan for discharge. Current projected plan includes patient being seen by a psychiatrist in Outpatient Psychiatry at Walter Reed for therapy and by another psychiatrist to assess whether the patient is in need of a medical board.

3. The patient was formally withdrawn from the study on 15 July 2002. We will use the study inclusion criteria to reassess whether this patient can participate in the study again.

4. The patient did not go through a randomization as we are in the "training" phase of the study and this is not required. She went through the Prolonged Exposure Training Case Informed Consent process on June 24th which outlined the benefits and risks of this intervention.

5. Patient was prescribed paroxetine (Paxil) 20 mg by mouth each day on April 10th by provider from DiLorenzo Clinic. Referring provider to the study, told the study coordinator that the patient had been stabilized on medication for the past two months. The informed consent took place on June 24th, 2002. Thus, during the

screening process and the informed consent, the patient had been on Paxil for 10 weeks. Patient began Prolonged Exposure treatment on July 1st, 2002.

It was later determined that patient saw a new provider, a psychiatrist from DeWitt Army Hospital who changed the medication from paroxetine (Paxil) 20 mg to 50 mg sertaline (Zoloft) by mouth each day on June 27th, 2002. This information became known only after hospitalization, and review of records, including a phone conversation by the medical monitor, Dr. Roesel, with the new provider on July 25, 2002. The new provider stated that she had thought he patient was non-compliant with the paxil and therefore was started on Zoloft instead. From the record review, it states the patient did not take the zoloft until July 5th when she went back to see her psychiatrist again. Patient went to first PE appt on July 1st. Record states patient did not take did not take the Zoloft prescription until July 5 prior to her appt. with her psychiatrist.

a. Phase I Screening Form – Completed, attached
b. SCID I Summary Form 4 was not completed because this is a "training case"; Operational Procedural Manual, Section 7, pg. 1 "training patients will not undergo the screening assessment procedures"
c. SCID II Summary Form 5, was not completed see explanation in b above.
d. Phase 3, Eligibility Checklist Form 6, this is not used in "training cases". Phase I Screening (Training is used; see above). On page 2, section 7, in the OPS manual it states, "there will be no Phase III assessment for the training cases. (see attached page)

6. Clarification whether the traumatic event that precipitated the PTSD was related to her work situation.
The traumatic event was her being in the Pentagon when it was attacked.

7. Please contact me at 202-782-8064 or the Site Investigator, Vivian Sheliga, DSW, BCD, LCSW at 202-792-0916.

Charles J. Engel, Jr., MD, MPH
Principal Investigator
Charles.Engel@na.amedd.army.mil
202-782-8064
Fax: 202-782-3539

July 26, 2002

Attachments:
1. Phase 1 Screening Form – Completed
2. OPS Manual Excerpt on Training Cases and SCID!/II and Phase 3 Eligibility Checklist

DataFax #002 Plate #014 Visit #001

PHASE 1 SCREENING (TRAINING)
Form 1T, (page 2 of 2) CS #494 PTSD in Women

Patient ID: Hospital 201 | Screening Number 5005 | Patient Birthday: Month 08 | Day 08 | Phase 1 Date: Month 06 / Day 22 / Year 2002 (1 RL)

D. Exclusion Criteria

	Yes	No
1. Current substance dependence.		X
2. Prior substance dependence that has not been in remission for at least 3 months.		X
3. Current psychotic symptoms.		X
4. Current mania or bipolar disorder.		X
5. Prominent suicidal or homicidal ideation.		X
6. Severe cognitive impairment or history of organic mental disorder.		X
7. Current involvement in violent relationship.		X
8. Self-mutilation within the past 6 months.		X

If answer is "YES" to any question, patient is **NOT ELIGIBLE.**

E. Is patient eligible for further screening? X — STOP here

	Yes	No
F. Does patient have a service-connected disability? (VA only)		X

If yes,

1. Percentage of service-connected disability? (0-100%) 000 %
2. Percentage of total VA disability for PTSD? (0-100%) 000 %

Fax entire form to Palo-Alto CSPCC DataFax number. If **ELIGIBLE**, proceed to Form 2; if **INELIGIBLE**, stop here.

Staff Initials RLC

DataFax #002 Plate #013 Visit #001

PHASE 1 SCREENING (TRAINING)

Form 1T, (page 1 of 2) CS #494 PTSD in Women

Patient ID: 201 (Hospital) 5005 (Screening Number) Patient Birthday: 08 (Month) 08 (Day) Phase 1 Date: 06 (Month) 12 (Day) 2002 (Year)

INSTRUCTIONS: The Site Coordinator completes this form at Phase 1 screening.

A. Prior Screening

	Yes	No
Has this patient had a prior screening for CSP #494?	☐	☒

If yes, what was prior Patient ID? ____ (Hospital) ____ (Screening Number)

B. Referral Source? (Please mark one primary source only.)

- ☐ Psychiatry Service
- ☐ Psychology Service
- ☐ Substance Abuse
- ☐ Specialized PTSD Program
- ☐ Mental Hygiene Clinic
- ☐ Vet Center
- ☐ DOD Program
- ☒ Other (Please specify) Operation Solace

C. Inclusion Criteria

	Yes	No
1. Current provisional diagnosis of PTSD.	X	
2. Experienced trauma 3 or more months prior to entering the study.	X	
3. Have at least one clear memory of trauma that caused the PTSD.	X	
4. Not receive any psychotherapy for PTSD during CSP #494 Active Treatment Period, psychotherapy for other problems, brief check-ins with an existing therapist and attendance at self-help groups will be allowed.	X	
5. If on psychoactive medication, be on a a stable medication regimen for a minimum of two months prior to entering the study.	X	
6. Is referring clinican willing to discontinue PTSD treatment while subject is receiving Study treatment?	X	

If answer is "NO" to any question, patient is **NOT ELIGIBLE.**

Staff Initials: RLC

7. PROCEDURES FOR TRAINING CASES

Sites will be notified by the Coordinating Center via fax when they may start the study. Currently the Site Coordinator (SC) should be working with various staff members to develop referrals for the training cases and to familiarize mental health clinicians with the inclusion/exclusion criteria and other study requirements.

Training cases will be selected from female veterans or active duty personnel seeking treatment at the study sites (at this time we cannot accept "collateral" or spouses as patients). Training cases must meet the same eligibility criteria as patients who enter the randomized trial. Clinicians at the sites will be asked to refer cases they think would be appropriate for either treatment condition (PE or PCT). Study therapists will be allowed to refer patients to the study but they will not be able to treat these patients. If, for example, a referred patient is assigned to PCT therapy and she was referred by one of the PCT therapists; then the SC will assign the non-referring therapist as the patient's PCT provider. Potential training patients who are referred to the study will be told that they have been asked to participate in a treatment research protocol in which the therapists are being trained. In order to maximize the number of potential training cases, assignment to type of treatment will be determined by convenience factors (e.g., therapist availability, recommendation of referral source).

Now that we have been delayed in start-up, it is crucial to the study timeline to assign training cases to therapists as rapidly as possible. In order to minimize the burden to potential cases, training patients will not undergo the screening assessment procedures. Consequently, they will not be compensated for assessments. However, it is possible that according to the site's mileage policy, the veteran may be compensated for travel under regular travel reimbursement procedures at your site. This travel money should not come from the CSP#494 budget.

The SC will primarily be responsible for the recruitment and screening of training cases for the sites. The SC will rely on information gained from Phase 1 screening with the referral clinician to determine eligibility and is completed prior to consent. This means that the SC, working with the referring clinician, will need to make decisions about diagnoses, be aware of any medications the patient may be taking, and be prepared to ask the referring clinician other questions that will determine the answers to the inclusions/exclusion criteria. The SC will then conduct Phase 2 screening with the patient. This will consist of the collection of demographic data and the patient's agreement to participate in the study, including signing the consent form (**designed for the training cases**) that specifies the conditions under which their treatment will be conducted. At most sites, separate consent forms for training cases will be used for PE and for PCT. We suggest that the SC give the patient a copy of the informed consent and read it to her while she follows along. The SC should encourage the patient to ask questions at any time. It would be a good idea to give the patient a break and encourage her to take a walk to get some coffee and then return to sign the actual form if she is still interested in participating in the study. The patient and staff member obtaining consent should sign the form, as well as the witness. Someone who is not directly involved in the study must witness the patient's signature on the consent form.

There will be no Phase 3 assessment for the training cases, including no Phase 3 PTSD Checklist (Form 7T). The SC will complete Forms 1T, 2T, and 18T. The Therapist's supervisor will complete Forms 19T-22T for those assigned to PCT and Forms 23T-27T for those assigned to PE. The Sites do not need to do anything with these forms. Patients will complete Forms 29T-31T for homework monitoring. If necessary, Form 32T, for serious adverse events (should they occur) and Form 33T, for change in enrollment, may be completed on the training cases. Form 34T, the Expectancy of Therapeutic Outcome, will be completed at the first therapy session and placed in a sealed envelope to protect the confidentiality of the patient's responses. It should then be faxed to Datafax by the SC. Form 7T (the PCL) will be given at the beginning of the therapy session by the therapist for weeks 2, 4, 6, 8, and 10.

How can the Therapists Prepare?

Therapists should work with the Site Coordinator to go over the basics of the video-camera setup, TV/VCR, audiocassette recorder, and the location of the equipment and the media needed for the equipment. There will be quite a bit going on in the therapy session even before the therapy begins and determining how this can work smoothly is the first step for the therapist. For each therapy session two videotapes will need to be made, a miniDV tape and a VHS tape. Both tapes must be labeled (the SC has labels for all the media you will be recording). The VHS tape will be sent to the therapy supervisor the same day as the session if possible, via Federal Express. The mini-DV tape will be stored on site (double locked). The Therapist should talk with the SC to determine how this will work at each site. When sending the VHS tape to the supervisor, please note the name of the supervisor and the date of the session on the outside of the package. Please do not have any tapes delivered on the weekend (check no to Saturday delivery).

Audiotapes will be recorded for the PE sessions for the patients to take home with them. Tape players will be made available for the patients if they do not have one to use to aid in the homework.

Each training therapy session will be videotaped and reviewed by the supervisor. Therapists will receive direct supervision for each taped session for the first 2 training cases and also for the first 4 study patients. Therapists will then receive direct supervision for every other tape for the last 4 patients. Supervisors for the therapists will be assigned as soon as the coordinating center informs your site that you may start CSP#494. Once a therapist is notified of the supervisor's name, the therapist should contact the supervisor to determine times that are convenient for supervision. Also therapists should let the supervisors know their plan for seeing study patients and go over any questions ahead of time. The supervisor will be meeting with the therapist each week for 30-60 minutes after reviewing the tape for the previous week.